

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS255AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/02/2011
NAME OF PROVIDER OR SUPPLIER LACY LANE RETIREMENT HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 313 LACY LANE LAS VEGAS, NV 89107		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility 2/24/11 through 3/2/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. Complaint NV00027645 was substantiated. See TAG Y 0171	Y 000			
Y 171 SS=F	449.209(1)(b) Health and Sanitation-Local Laws NAC 449.209 1. A residential facility must: (b) Comply with all local ordinances and state and federal laws and regulations relating to zoning, sanitation, accessibility to persons with disabilities and safety. This Regulation is not met as evidenced by: Based on interview on 2/24/11, the facility failed to comply with all local ordinances and laws by not obtaining approval from the city of Las Vegas	Y 171			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 171	Continued From page 1 for submitted renovation plans to convert the garage to a bedroom. This is a repeat deficiency from the 6/11/10 State Licensure Survey. Severity: 2 Scope: 3	Y 171			

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